Finance Envelope

If you are going to write on the Envelope - use a Black Sharpie Pen - Be legible

CONTRACTOR 77	# 05		YES REMARKS
Thurston RESOURCE ORDER NO. 2103	ORDERED BY		CONTINUE ON REVERSE
ARRIVED AT MOBILIZATION POINT DATE	LOCATION		
OPERATOR(S) Tohn Smith	Billy Dates		
EQUIPMENT TYPE 6 - Engine Diesel	Billy Oates	NUMBER	
DATE RELEASED	TIME RELEASED		NOTICE TO CONTRACTOR
FORMS:			INCIDENT:
OF-294 EMERGENCY EC OF-296 VEHICLE/HEAVY OF-297 EMERGENCY EC OF-286 EMERGENCY EC OF-288 EMERGENCY FI COMMISSARY ISSUES (OF-304 EMERGENCY EC OF-296 VEHICLE/HEAVY ALL GOVERNMENT-ISSI	QUIPMENT SHIFT TICKET(S) QUIPMENT-USE INVOICE REFIGHTER TIME REPORT (I IF APPLICABLE). QUIPMENT FUEL AND OIL IS 7 EQUIPMENT INSPECTION C	CHECKLIST (PREUSE) F APPLICABLE). SUE (IF APPLICABLE). CHECKLIST (RELEASE) ETURNED	BEFORE LEAVING AN INCIDENT, FINA AND EQUIPMENT-USE INVOICE MUST EYOU ARE NOT CONSIDERED RELEASE BE PAID UNTIL ALL INVOICE DOCUME COMPLETED AND SIGNED. CHECK W SECTION CHIEF.

Personnel That Are To Be Paid By The Washington State Patrol

How a Time Card Should Be Completed Upon Arriving At A Mobilization Incident

Social Security Number 111-11-1111 3. In				R	esource Order #	2101
111-11-1111	NCY FIRE	FIGHTER TIME	REPORT	Voluntos	1. Identification Number F9201299	3
777-77-7777 Transferred From 6. H	nitial Employmen	Indicate here the total (X one)	. Type of Employme		lauteen Ti	Departme
I ransierred From b. F	Yes direct At	□ No		Regular Gov't	Employee Other Nurs	ston # 25
	Hired At		Dioyee Has (X one) Been Quit Discharged Quit	Tra		portation (X one)
ZIP CODE MUST B	BE ENTERED E	AND DESCRIPTION OF THE PERSON	Siscinal geo		CASE OF ACCIDENT NOTIFY	Yes No
D. Name (First, Middle, Last)	R Cui	+6.	15. Name	0.41	Emergency Contact	Information
1. Street Address 1313 Smi	D. OMIC	IOE	16. Street Address	SM/UN BSS	Can be your departr	
	th Road		Same		relative, etc	, ,
2. City Olympia	LA	14. Zip Code 08501	17. City		360-4	96-3924
- Jognan	1071	20. FIRE LOCA	TION IDENTIFICAT	TION	000-0	70-5721
Column A		Column B	1. Fire Name	Column C	Colu	ımn D
Fire No. 3. Unit Code	Mobiliza	tion Name	2. Fire No.	la i	Jnit Code 2. Fire No.	la una contr
		Position at Fir		3. (3. Unit Code
Fire Location 5. State	If a FF1	or ENGB need t			5. State 4. Fire Location	5. State
Firefighter Classification FF1 7. Rate	100	ed Card to receiv	•	ification	7. Rate 6. Firefighter Classificatio	n 7. Rate
Date and Time a. Year July 2008		ate of pay.		ır	8. Date and Time a. Year	
Mo. Day Start Stop Hours b. c. d. e. f.	b. c.	d. e. f.	b. c.	Start Stop d. e.	Hours Mo. Day Start f. b. c. d.	Stop Hours e. f.
				nteer Fire		
		ED to complete				
		6; Emergency F	•			
					Birth on this form) ur mail at on this form	2)
	_	ose the address	Willeli you i	eceive yo	di man at on tins iom	'/
	At the c	ompletion of the	e incident, w	hen you a	re demobed, you will	be given the
	"White"	copy. If you ge	t a "Pink" co	py you w	ill not be receiving a	check. Whe
T-1111				ne that w	e will be receiving a c	laim for
Total Hours	reimbur	sement from yo	ur agency.			
Gross Amount (item 7 x item 9)	If you be	ave not received	l a chock afte	or 15 days	s from the date of den	obilization
Dates					or call (360) 596-3924	
. Time Officer's Signature	Scria as	an C-man at. 11	Dinobeews	p.wa.gov	or can (300) 330-332-	·-
I. Date Signed	13. Date Signed		13. Date Signed		13. Date Signed	
21. SHOW "H" FOR HAZARD PAY A	ND "E" PLUS %	FOR ENVIRONMENTAL	DIFFERENTIAL		22. Commissary Record	
A. B. C. D.	Accounting Classif		F. Amount	a. Date	b. Item	c. Amount
Comm. Rate Miles*/ Hours (a)) (b)	(c) (a) (b) (c)	r. Amount			
			Gross			
			Salary			
			or			Control of the Contro
		i t				
			Form			
			Equip.	Total -	-	
			Equip. Rental		ck Number and Stamp	
3. Remarks			Rental .			
3. Remarks			Gross Earning Comm.			
OTE: The above items are correct and pro			Rental Gross Earning Comm. Deduct. Net			
	ns.	ne Officer (Signature)	Rental Gross Earning Comm. Deduct.			

Personnel That Are To Be Paid By Their Home Agency

How a Time Card Should Be Completed Upon Arriving At A Mobilization Incident

							e Order#	2102
EMERG	ENCY FIRE	FIGHTER T	IME R	EPORT if you are	Career	1. ld	entification Number 9201299	Departmen
2. Social Security Number 111-11-2222	3. Initial Employment	(X one)	4. Ty	pe of Employmen	nt (X one)	areer	There	ston # 25
	6. Hired At	□ No	7. Employ	ee Has (X one)		Entitled To Retur		ed to Return
7/0.0005.14/10	T. D.F. CALTEROS D.		Disch	narged Quit		THE RESERVE AND ADDRESS OF THE PARTY OF THE	No [sportation (X one) Yes No
	1 BE ENTERED B			15. Name			CCIDENT NOTIFY	
1. Street Address	k R. Smit mith Road	ch		Sue Si	mith		jency Contact	
1318 5	mith Road	St		Same	155		e your depart e, etc	ment, spouse
2. City Olympia	13. State	14. Zip Code		17. City		Tolativ	- 10. 100pm	FOL STOA
Orgmpia	WT	20. FIRE I	LOCATIO	N IDENTIFICAT	ION		300-3	596-3924
Column A		Column B		1. Fire Name	Column C		Col 1. Fire Name	umn D
Flock Candy Mat Fire Fire No. 3. Unit Code	Mobiliza	tion Name		2. Fire No.		3. Unit Code	2. Fire No.	3. Unit Code
Fire Location 5. State	A Red C	ard is need		4. Fire Location		5. State	4. Fire Location	5. State
Firefighter Classification————————————————————————————————————		d to a posit		6. Firefighter Class	fication	7. Rate	6. Firefighter Classification	
Date and Time	higher t	han a Strike		Date and Time	meatorr		8. Date and Time	7. 11410
a. Year Valy 2008 Mo. Day Start Stop Ho	Team Lo	eader.	Hours	a. Yea		top Hours	a. Year	t Stop Hours
b. c. d. e. f	b. c.	d. e.	1	b. c.	d. (e f.	b. c. d.	6. 1.
	You onl	v need to co	omplet			ersonnel: ergency F	irefighter Tim	e Report
		,	,,,,,,,,,,		, <u></u>			
	You <u>DO</u>	NOT need t	to com	plete a W-	4 or WS	SP Waiver		
	At the o	ompletion o	of the i	noidont w	hon vou	ı ara damı	abad yan wil	l bo givon the
							obed, you wil submit it for	i be given the
		sement.			g,	,		
Total Hours								
Gross Amount							W-4 and WSP Patrol. This v	
(item 7 x item 9) Inclusive Dates		s reimburse		nom the W	asimig	ton State	i atioi. Tilis v	viii delay you
P. Time Officer's Signature								
J. Date Signed	13. Date Signed			13. Date Signed			13. Date Signed	
21. SHOW "H" FOR HAZARD PA		EOD ENVIRONME	NITAL DIE			9	2. Commissary Record	
IN THE "HOURS" COLUMN F	OR REGULAR EMP D. Accounting Classifi	LOYEES.		EHENTIAL	a. Date		. Item	c. Amount
Comm. Rate Miles*/ BO 2600 Hours	(a) (b)	(c) (a) (b) (c		Amount				
				Gross				
				Salary				
				or				
				Equip.				
				Rental	Total		1 51	
3. Remarks				·	24. ADO C	heck Number ar	iu Stamp	
o. neriars				Gross Earning				
OTE: The shows items are correct and	I proper for			Comm. Deduct.				
IOTE: The above items are correct and payment from available appropri 5. Employee (Signature)	ations.	ne Officer (Signature)		Net Earning				
o. Employee (orginature)	20. III	ne Officer (Signature)						
Equipment rentals must be supported with OF	-294 and OF-297.		NSN 7540-01	1-124-7633 AVPOLL C	201		OPTIONAL USDA/USE 50288-102	

Department Equipment

How a Use Invoice Should Be Completed Upon Arriving At A Mobilization Incident

					IERGE	NCY E	QUIPIV	IENT	USE INVOICE	E	PAG	EOF	
1. 9	hurs	CTOR a. n.	ame and add	iress				2. INC	IDENT OR PROJECT NA	ME ROO	ch Candy 1	Mountain	Fire
1	OB.	42600							REEMENT NUMBER (from				
0	Plump	ia WA	98504	Tax 11					FECTIVE DATES OF AGR	EEMEN			
b.	EIN/S	SN IENT (list n	nake, model	ax /L): 91-50	693935			beginning INT OF HIRE (location wh	on hirod	b. ending		
				serial number, etc ense: 3454					INT OF THISE (IOCATION WIL	ennnea		ria	
	2	2008 F	ord F450	Type 6	Engine			7. DA	TE OF HIRE		Olymp 8. TIME OF HI		
		Diesel	Fael 4	Cost	Adjustm	- Needed ent if App	tor Fue licable.		7/2/08		13:0	0	
). Al	DMINIS	IRAIIVE	PFFICE FOR	PAYMENT				SI SI	IE WORK RATE IS BASE JPPLIES BEING FURNISH				
		Was	hington	State . Sbilization	Patro	l -			CONTRACTOR (wet) PERATOR FURNISHED B	Υ	☐ GOVER	NMENT (dr	()
			M	hilization					CONTRACTOR		☐ GOVER	NMENT	
			7-10	DIVIZACION				12. RI	ESOURCE ORDER NUME		103		
3. \	/EAR		K OR DAILY	RATE c. AMOUNT	15. SPEC	DIAL RATE	c. AMOU	JNT	16. TOTAL AMOUNT EARNED		JARANTEE	18. AMO	JMN 16 OR 17,
МО	DA	WORKED (MI/HR/DA)			WORKED (MI/HR/DA)				(14c + 15c)			WHICHE	ER IS GREATE
												205	
0 0	CHARC	E CODE			100	OP IFOT O	ODE						
						OBJECT C	ODE		ROSS AMOUNT DUE	DA O =			
20. E	QUIPN		RELE	ASED WI	THDRAWN				EM 23 FROM PREVIOUS OTAL AMOUNT DUE	PAGE			
22. F	REMAR	KS							EDUCTIONS (attach state	ment)			
								27. AI	DDITIONS (attach statemen	nt)			
		001177							T AMOUNT DUE				
(CONTR	ACTOR H	T RELEASI IEREBY RE BLOCK 22.	E FOR AND IN (LEASES THE G	OVERNME	ATION OF F ENT FROM A	RECEIPT ANY AND	OF PAY	MENT IN THE AMOUN AIMS ARISING UNDER	T SHOV THIS A	VN ON "NET A AGREEMENT E	MOUNT DU XCEPT AS	JE" LINE 28. RESERVED
			IGNATURE			31. DATE		32. RE	CEIVING OFFICER'S SIG	SNATUR	E	33.	DATE
4. F	RINT	IAME AND	TITLE					35. PF	RINT NAME AND TITLE				

Privately Owned Vehicle

How a Use Invoice Should Be Completed Upon Arriving At A Mobilization Incident

				E	MERGE	NCY E	QUIPN		-USE INVOIC		GE OF
		CTOR a. na Smith	ame and add	Iress				2. INC	CIDENT OR PROJECT NAME OF THE PROJECT NAME OF	Pock Candy 1	Mountain Fire
13	13	Smith L	lane SE					3. AG	REEMENT NUMBER (from	n OF-294)	
Ol	ymp	ia WA	98501	Tax 1	D: 111-	11-1111	,		FECTIVE DATES OF AGRE beginning	EEMENT b. ending	
5. EQ	VA	lent (list n license:	974981	serial number, et D	tc.)			6. PC	NNT OF HIRE (location who	Olym	pia
2	2002	8 Ford	F450 F	Type of Cost Ac	Fuel - N	eeded fo	r Fuel	7. DA	7/2/08	8. TIME OF 1	
ADN	MINIS	INALIVE	FFICE FOR	PATIMENT			cable.			D ON ALL OPERATING	
		Wash	lington	State l bilization	Patrol	!-			UPPLIES BEING FURNISH CONTRACTOR (wet) PERATOR FURNISHED BY	☐ GOVE	RNMENT (dry)
			Mo	bilization				-	☐ CONTRACTOR ESOURCE ORDER NUMB	GOVE	RNMENT
										2104	
20_ MO	DA	a. UNITS WORKED (MI/HR/DA)	b. RATE	c. AMOUNT	a. UNITS WORKED (MI/HR/DA)	b. RATE	c. AMO	UNT	16. TOTAL AMOUNT EARNED (14c + 15c)	17. GUARANTEE	18. AMOUNT (COLUMN 16 OR 17, WHICHEVER IS GREATE
							300				
9. CH	ARG	E CODE			20.	OBJECT C	CODE	23. G	ROSS AMOUNT DUE		
0. EQ	UIPN	IENT WAS	RELE	ASED WI	THDRAWN			24. IT	EM 23 FROM PREVIOUS	PAGE	
2. RE	MARI			THUE.					OTAL AMOUNT DUE		
									EDUCTIONS (attach statemen		
									ET AMOUNT DUE		
CC	NTR	ACTOR H	T RELEASI IEREBY RE BLOCK 22.	E FOR AND IN LEASES THE C	CONSIDER GOVERNME	ATION OF ENT FROM	RECEIPT ANY AND	OF PA	YMENT IN THE AMOUNT LAIMS ARISING UNDER	SHOWN ON "NET. THIS AGREEMENT	AMOUNT DUE" LINE 28 EXCEPT AS RESERVED
			IGNATURE			31. DATE		32. R	ECEIVING OFFICER'S SIG	NATURE	33. DATE
4. PR	INT N	IAME AND	TITLE					35. P	RINT NAME AND TITLE		

Mileage will be done on the OF-286 Emergency Equipment - Use Invoice: Billing should be done on the Vehicle Mileage Invoice Form:

WASHINGTON
FIRE SERVICES RESOURCE
MOBILIZATION PLAN
2009 VERSION

Vehicle Mileage

Invoice Form

2009 Version - Mobilization Plan

	Agency/Person	to be Reimbursed:	
Name:	John Smith	Event:	Rock Candy Mnt Fire
Address:		Resource Order #:	2005
City:		Federal Tax ID #:	<i>123-45-4444</i>
State:	WA '	Zip:	98504
Phone #:	360-596-3924	Contact Person:	

Mileage Rate: \$.55 Daily Rate: \$ -

Date	Type of Vehicle	Miles	Mile	eage Rate	s	ub-Total	Dail	y Rate	Mileage or Daily Rate	otal (Using Mileage or
7/3/08	Transport Only	25	\$.55	\$	13,75	\$	-	\$ 13,75	\$ 13,75
7/5/08	Transport Only Transport Only	25	\$.55	\$	13.75	\$	-	\$ 13.75	\$ 13.75
		0	\$	-	\$	-	\$	-	\$ -	\$ -
		0	\$	-	\$	-	\$	-	\$ -	\$ -
		0	\$	-	\$	-	\$	-	\$ -	\$ -
		0	\$	-	\$	-	\$	-	\$ -	\$ -
		0	\$	-	\$	-	\$	-	\$ -	\$ -
		0	\$	-	\$	-	\$	-	\$ -	\$ -
		0	\$	-	\$	-	\$	-	\$ -	\$ -
		0	\$	-	\$	-	\$	-	\$ -	\$ -
		0	\$	-	\$	-	\$	-	\$ -	\$ -
		0	\$	-	\$	-	\$	-	\$ -	\$ -
		0	\$	-	\$	-	\$	-	\$ -	\$ -
		0	\$	-	\$	-	\$	-	\$ -	\$ -
	Totals	50								\$ 27.50

Vehicle Types

C=Command Vehicle; S=Support; P=Personal; M=Mobile Command Post

(See back for definitions)

Documentation Requirements

With each claim we need a copy of the Equipment Shift Tickets showing the miles operated each day. If we are reimbursing an individual and not a government agency, a W-9 IRS Tax form is needed for every incident.

Return the completed form within 45 days of the event.

Mobilization Section
PO Box 4200
Olympia WA 98504
Or E-mail: to FPBMobe@wsp.wa.gov

Fax: (360) 596-3935

Crew Time Reports

Crew Time Report Showing Travel Only

Crew Time Report Showing Travel and Initial Assignment

	CREW	TIME RE	POR	Т			CREW	TIME RE	EPOR	Т		
1) CRE	W NAME CENTRAL REGION Strike CE RESPONSIBLE FOR FIRE (4) F	e Team #2		1.53	W NUMBER		EW NAME Central Region Stri ICE RESPONSIBLE FOR FIRE (4) FI	ike Team t	# 2	1.5%	EW NUM	
(6)	CE RESPONSIBLE FOR FIRE (4) F	FIRE NAME & Candy Mounts	rin time	(5) FIRE	2105	(6)	ICE RESPONSIBLE FOR FIRE (4) FI	Candy Mount	ain Fire	(5) FIR	2105	ER
RE-	(1)		DATE 7		DATE (10)	RE-			DATE 7	/2/08	DATE	/3/08
MARKS NO.	NAME OF EMPLOYEE	CLASSIF- ICATION	Milita	ry Time	Military Tir		NAME OF EMPLOYEE	CLASSIF- ICATION	Milita	ry Time	Milit	ary Time
	Steve Jones	ENGB	13:00	19:30	ON	OFF	Steve Jones	ENGB	13:00	19:30	ON	OF
	Robert Smith	FF1	I				Robert Smith	FF1				
	Jon Blackwell	FF1	V	V			Jon Blackwell	FF1	V	V		
						1	Steve Jones	FNCB	22.00	00:00	00:00	4:30
		_					Robert Smith	ENGB FF1	1	1	1	100
				-			Jon Blackwell	FF1	V	1	1	
1) RE	MARKS					(11) R	EMARKS					
	Travel to Rock Candy Mod	untain Fire					Travel to Rock Candy M. Assisgned to Division B					
	FICER-IN-CHARGE (Signature) ME (Person Posting to Emergency Time	Report)	(13) TIT		er-in-Charge)		FFICER-IN-CHARGE (Signature)	Report)	(13) TI		cer-in-Cha	rge)
(14) NA 61-101		Prescribed by		STANDAR	D FORM 261 G Handbook	(5/78) 261-10		Report) Prescribed by	USDA-U:	STANDA	RD FORM	/ 261 book

Emegency Equipment Shift Ticket

Showing Initial Response To A Mobilization Incident

	IT NUMBE				2. CONTRACTOR (name) Thurston # 25		
Rock Co				A-WFS-999	5. OPERATOR (name) Robert Whitehall		
6. EQUIPMEN	Ford		7. EQUII	MENT MODEL	8. OPERATOR FURNISHED BY CONTRACTOR GOVERNMENT		
9. SERIAL NU	MBER -251		10. LICE	5555C	11. OPERATING SUPPLIES FURNISHED BY CONTRACTOR (wet) GOVERNMENT (dry)		Indicate Type of Engine, Tender or Command
12. DATE MO/DAY/YR 7/2/08	START 13:00	STOP 19:00	HOURS/D WORK	NT USE AYS/MILES (circle of SPECIAL	14. REMARKS (released, down time and cause, problems, etc.) Type 6 Engine Equipment Type Starting Mileage from Home: 10,100	NCE	Vehicle.
	rs O	pera	ed		Ending Mileage arriving Incident: 10,250	FINA	On the initial travel day keep track of both the
	FEOT LESSTON				15. EQUIPMENT STATUS a. Inspected and under agr Miles Travelled		hours worked and miles
					b. Released by Government		driven.
					□ b. Released by Government □ c. Withdrawn by Contractor Gasoline Fael 16. INVOICE POSTED BY (Recorder's initials)		Return travel is based on
		AUTHOR White		S SIGNATURE 18.	□ b. Released by Government □ c. Withdrawn by Contractor Casoline Fael		

Example Showing Travel and Working on Same Emergency Equipment Shift Ticket

1. AGREEMEI	NT NUMBI	ER			2. CONTRACTOR (name) Thurston # 25
Rock C		Unt F		WA-WFS-999	5. OPERATOR (name) Robert Whitehall
6. EQUIPMEN	Ford		7. EQ	F450	8. OPERATOR FURNISHED BY CONTRACTOR GOVERNMENT
9. SERIAL NI	-251		10. LI	55555C	11. OPERATING SUPPLIES FURNISHED BY CONTRACTOR (wet) GOVERNMENT (dry)
12. DATE MO/DAY/YR 7/2/08	START 13:00	STOP 19:00		MENT USE S/DAYS/MILES (circle one) SPECIAL Travel	14. REMARKS (released, down time and cause, problems, etc.) Type 6 Engine Equipment Type Mileage from Home to incident 150 miles.
7/2/08	06:30	18:30	12.5	Division "B"	Miles Travelled
Но	urs (Opera	ated		15. EQUIPMENT STATUS □ a. Inspected and under agreement □ b. Released by Government □ c. Withdrawn by Contractor
					Type of Fuel - Needed for Fuel Cos 16. INVOICE POSTED BY (Recorder's initials) Adjustment if Applicable.
		White		NT'S SIGNATURE 18. GO	/ERNMENT OFFICER'S SIGNATURE 19. DATE SIGNED
ISN 7540-01-11:	0.5000	G MICE	ποιου		OPTIONAL FORM 297 (Rev. 7

Indicate Type of Engine or Tender.

On the initial travel day keep track of both the hours worked and miles driven.

Return travel is based on teh number of miles from the incident to home, divided by 45 mph.

Equipment is paid by the hours of use, not mileage.

Emegency Equipment Shift Ticket

Command Vehicle - Department Owned

Mo/DAY/YR START STOP HOURS/DAYS/MILES (circle one) SPECIAL SPECIAL Vehicle - STEN Vehicle Type - Position At Incident	7/2/08 2150 2350 200 Travel Vehicle Type	
7/4/08 2550 2575 25 Division "D" 15. EQUIPMENT STATUS a. Inspected and under agreement	7/3/08 At Incident	; - Position
7/4/08 2550 2575 25 Vivision V a. Inspected and under agreement		
	7/4/08 2550 2575 25 <i>Division U</i> a. Inspected and under	
Mileage Only Diesel Fael Diesel Fael	Mileage Only b. Released by Govern	ernment ntractor Diagol Fred

Indicate Position at Incident with Command Vehicle.

Keep track of the miles driven each day. Command Vehicles are reimbursed for milage or the daily guarantee of \$50.00, whichever is highest.

Return travel is based on the number of miles from the incident to home.

Command Vehicle - Personal Vehicle

1. AGREEME	NT NUMBER				2. CONTRACTOR (name) Thurston # 27
0 1	andy Mat P		WA-WFS-9	199	5. OPERATOR (name) Martha White
6. EQUIPMEN	Ford	7. EQ	Escort		8. OPERATOR FURNISHED BY CONTRACTOR GOVERNMENT
9. SERIAL NU	JMBER	10. L	LLL234		11. OPERATING SUPPLIES FURNISHED BY CONTRACTOR (wet) GOVERNMENT (dry)
12. DATE MO/DAY/YR 7/2/08	START STOP 23100 23175		S/DAYS/MILES (circ SPECIAL Travel		14. REMARKS (released, down time and cause, problems, etc.) Personal Vekicle - Assigned Finance Vehicle Type - Position
7/7/08	23200 23275	75	Travel		At Incident
	Mileage	Only			15. EQUIPMENT STATUS a. Inspected and under agreement b. Released by Government c. Withdrawn by Contractor
					16. INVOICE POSTED BY (Recorder's initials)
		A STATE OF THE STA			ERNMENT OFFICER'S SIGNATURE 19. DATE SIGNED

Personal Vehicles

On the initial travel day keep track of both the hours worked and miles driven.

Return travel is based on the initial trip miles.

Personal vehicles used for non-Command Staff positions are paid mileage to and from the incident only.

Emergency Equipment Fuel and Oil Issue

Command Vehicle

Rock Candy Mnt Fire	Name	Thurston #	25	Agency Be Paid	That Will
Resource				LICENSE OR IDENTIFICATION NUMBER	
COMMODITY (circle appropriate items)		QUANTITY	UNIT	UNIT PRICE	AMOUNT
REGULAR GAS UNLEADED GAS	DIESEL	25	Gallons	82.75	868.75
DATE AND TIME ISSUED REMAR 7/3/08 15:30			TOTAL \$68.75		
ISSUING AGENT'S SIGNATURE	PRINT NAME AND TITLE				
Billy Oates		PRINT NAME A	ND TITLE		

Unit Log

		Resource Order # 2145						
U	VIT LOG	1. INCIDENT NAME Rock Candy Mat Fire	2. DATE PREPARED 7/2/08	3. PAGE NO.				
4. REGION/FIRI	E	5. SUPERVISO	DR'S NAME AND POSITION Tim Blackwell	- STEN				
	-	ACTIVITY LOG						
6. TIME		MAJOR EVEN	MAJOR EVENTS					
13:00	Type 6 Engine requested for the Rock Candy Mountain Fire, Resource # 2145							
19:00	Arrived at Basec	<u>amp. Checkin and get tent set up</u>	Brief descr	ription of				
			work.					
			nullinosa lan Russa de Sala Russa de California de Califor					
7. PREPARED I	BY: (Print Name and Position) Robert Gerard -	Engine Boss	8. SIGNATURE Robert Gera	rd				

ORIGINAL—Fire File or Finance Section Chief; CANARY—Use as Needed; PINK—Personal Records